SCHEDULE A (FEC Form 3)

Use separate schedule(s) for each category of the

FOR LINE NUMBER:						PAGE 26432 OF 75941				
(check only one)										
	X	11a		11b		11c		11d		
		10		120		106		4.4		45

ITEMIZED RECEIPTS **Detailed Summary Page** Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Sara Gideon for Maine Full Name (Last, First, Middle Initial) Hill, Patricia, , , Date of Receipt Mailing Address 364 Ridge Rd 10 City State Zip Code Transaction ID: VVC97T7GGH3 CT 06457-4437 Middletown FEC ID number of contributing Amount of Each Receipt this Period C federal political committee. 5.00 Name of Employer Occupation Wesleyan University Professor Memo Item Receipt For: 2020 Election Cycle-to-Date Primary 🗶 General 472.72 Other (specify) ▼ * Earmarked Contribution: See Below Full Name (Last, First, Middle Initial) ActBlue Date of Receipt Mailing Address PO Box 441146 2020 80 City State Zip Code Transaction ID: VVC97T7GGH3E West Somerville MA 02144-0031 FEC ID number of contributing C C00401224 Amount of Each Receipt this Period federal political committee. 5.00 Name of Employer Occupation Conduit total listed in Agg. field Memo Item Receipt For: 2020 Election Cycle-to-Date Primary ✗ General 29952731.52 Other (specify) ▼ Note: Above Contribution earmarked through this organization. Full Name (Last, First, Middle Initial) Meredith, Alissa, , , Date of Receipt Mailing Address 1121 La Mirada Ave 20 City State Zip Code Transaction ID: VVC97TEBKH3 CA Escondido 92026-1715 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 5.00 Name of Employer Occupation Scripps Health **Physical Therapist** Memo Item Receipt For: 2020 Election Cycle-to-Date Primary ✗ General 230.00 Other (specify) * Earmarked Contribution: See Below 10.00 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....